

SERIAL NUMBER <div style="text-align: center;">09/206,782</div>	FILING DATE <div style="text-align: center;">12/07/98</div>	CLASS <div style="text-align: center;">702</div>	GROUP ART UNIT <div style="text-align: center;">2764</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">32277.0100</div>					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>MICHAEL R. PEEVEY, LA CANADA, CA.</p>     <p><b>**CONTINUING DOMESTIC DATA*****</b>            VERIFIED PROVISIONAL APPLICATION NO. 60/068,213 12/19/97</p> <p>_____</p> <p><b>**371 (NAT'L STAGE) DATA*****</b>            VERIFIED</p> <p>_____</p>     <p><b>**FOREIGN APPLICATIONS*****</b>            VERIFIED</p> <p>_____</p>     <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/07/99</p> </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">           Foreign Priority claimed            35 USC 119 (a-d) conditions met    <input type="checkbox"/> yes <input type="checkbox"/> no               <input type="checkbox"/> yes <input type="checkbox"/> no    <input type="checkbox"/> Met after Allowance         </td> <td style="width:10%;">           STATE OR COUNTRY  <div style="text-align: center;">CA</div> </td> <td style="width:10%;">           SHEETS DRAWING  <div style="text-align: center;">4</div> </td> <td style="width:10%;">           TOTAL CLAIMS  <div style="text-align: center;">20</div> </td> <td style="width:15%;">           INDEPENDENT CLAIMS  <div style="text-align: center;">3</div> </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <div style="text-align: center;">CA</div>	SHEETS DRAWING <div style="text-align: center;">4</div>	TOTAL CLAIMS <div style="text-align: center;">20</div>	INDEPENDENT CLAIMS <div style="text-align: center;">3</div>
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p>PETER J YIM            SNELL &amp; WILMER            ONE ARIZONA CENTER            400 EAST VAN BUREN            PHOENIX AZ 85004-0001</p> </div> </div>									
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>METHOD AND APPARATUS FOR METERING ELECTRICITY USAGE AND            ELECTRONICALLY PROVIDING INFORMATION ASSOCIATED THEREWITH</p> </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">           FILING FEE RECEIVED  <div style="text-align: center;">\$825</div> </td> <td style="width:45%;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            NO. _____ for the following:         </td> <td style="width:40%;"> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees           <input type="checkbox"/> 1.16 Fees (Filing)           <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)           <input type="checkbox"/> 1.18 Fees (Issue)           <input type="checkbox"/> Other _____           <input type="checkbox"/> Credit         </div> </td> </tr> </table>					FILING FEE RECEIVED <div style="text-align: center;">\$825</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees           <input type="checkbox"/> 1.16 Fees (Filing)           <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)           <input type="checkbox"/> 1.18 Fees (Issue)           <input type="checkbox"/> Other _____           <input type="checkbox"/> Credit         </div>		
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